

Department of Vermont Health Access
Division of Health Care Reform
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Healthier Living Workshop
Letter to Healthcare Provider

Date: _____

Dear _____,

I have been participating in the Healthier Living Workshop ☐ CDSMP ☐ Diabetes ☐ Chronic Pain on
_____ at
(DATES OF WORKSHOP)

(LOCATION OF WORKSHOP)

In this workshop I have learned how to cope with frustration and fatigue associated with my chronic health condition. Some of the issues discussed were nutrition, exercise, and appropriate use of medications. I also learned how to set realistic goals for improving my health by setting a weekly action plan throughout the six week workshop.

My current action plan is:

During the program I accomplished:

Please file this in my medical record and ask me about it at my next visit.

Thank you.

Sincerely,